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| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>27</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>10 min.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | <u>0117</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cor. Ill. & Lake, onrolley bus</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1411 Penn Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> | | b. (Middle) <u>R.</u> | | c. (Last) <u>Roseberry</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 27, 1884</u> | | 9. AGE (In years last birthday) <u>66</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>St. Jos. Stock Yds</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bates County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pearl</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-01-5154</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Roseberry 1411 Penn St.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Man died suddenly while riding in a trolley bus on his way home from work</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Man has not been seriously ill or disabled recently</u> | | 19c. AUTOPSY? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>) | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____ | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 7/9</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:20 P.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H F Mundy M.D. (Coroner)</u> | | 23b. ADDRESS <u>St Joseph Mo</u> | | 23c. DATE SIGNED <u>1/9/51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan. 11, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 12, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl E. Casper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman M. Sidenfaden</u> | | ADDRESS <u>1802 Union St.</u> | |

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.